DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLAIR HOME (410467)

Address: 612 ST CLAIR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 12/01/1983

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095175 End Date: 06/15/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092762 End Date: 05/17/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006975 Served 06/19/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	06/15/2005	Yes
83.42(6)(a)	FIRE INSPECTION	06/15/2005	Yes
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	06/15/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 06/16/2004 SOD #10006975 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Complaint History

Date Complaint Received: 04/29/2005 Date Investigation Completed: 06/15/2005

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED